

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/550,233
FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3		2					53						
4		①2					54						
5		2①					55						
6		①2					56						
7		2①					57						
8		①2					58						
9		1①					59						
10		①1					60						
11							61						
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46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/	↓		↓		↓							
TOTAL DEP.	15	←		←		←							
TOTAL CLAIMS	16	██████████		██████████		██████████							